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CONFIRMATION NO. 6819

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**APPLICANTS**

Leonard A. Smith, Clarksburg, MD;  
 Michael P. Byrne, New Market, MD;  
 John L. Middlebrook, Middletown, MD;  
 Hugh Lapenotiere, Charlestown, WV;  
 Michael A. Clayton, Mt. Airy, MD;  
 Douglas R. Brown, Gaithersburg, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/133,866 05/12/1999 and claims benefit of 60/133,868 05/12/1999  
 and claims benefit of 60/133,869 05/12/1999  
 and claims benefit of 60/133,865 05/12/1999  
 and claims benefit of 60/133,873 05/12/1999  
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 and claims benefit of 60/146,192 07/29/1999  
 and is a CON of PCT/US00/12890 05/12/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/22/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

Baker Botts LLP  
 Attn Laurence H Posorske  
 The Warner Suite 1300  
 1299 Pennsylvania Avenue NW  
 Washington, DC20004-2400

**TITLE**

Recombinant vaccine against botulinum neurotoxin

<b>FILING FEE RECEIVED</b> 2772	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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